

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/856415</b>	FILING DATE <b>July 01</b>					
							APPLICANT(S) <b>Talton</b>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52		/				/
3							53		/				/
4							54		/				/
5							55		/				/
6							56		/				/
7							57		/				/
8							58		/				/
9							59		/				/
10							60		/				/
11							61		/				/
12							62		/				/
13							63		/				/
14							64		/				/
15							65		/				/
16							66		/			/	/
17							67		/			/	/
18							68		/			/	/
19							69		/			/	/
20							70		/			/	/
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28			/		/		78						
29			/		/		79						
30			/	/	/	/	80						
31			/	/	/	/	81						
32			/	/	/	/	82						
33			/	/	/	/	83						
34			/	/	/	/	84						
35			/	/	/	/	85						
36			/	/	/	/	86						
37			/	/	/	/	87						
38			/	/	/	/	88						
39			/	/	/	/	89						
40			/	/	/	/	90						
41			/	/	/	/	91						
42			/	/	/	/	92						
43			/	/	/	/	93						
44			/	/	/	/	94						
45			/	/	/	/	95						
46			/	/	/	/	96						
47			/	/	/	/	97						
48			/	/	/	/	98						
49			/	/	/	/	99						
50			/	/	/	/	100						
TOTAL IND.			2		2		TOTAL IND.	0				2	
TOTAL DEP.			21		18		TOTAL DEP.	20				18	
TOTAL CLAIMS			23		20		TOTAL CLAIMS	20				20	